

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-367, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

<p>1. File Number U - 2068</p>	<p>2. Fiscal Year Covered From: <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> Through: <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/></p>
<p>3. Name and address of person filing:</p> <p>Name: MARTIN C. ROSENBERG</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: 2015 C. WALKER</p> <p>City: MESA</p> <p>State: ARIZONA</p> <p>Zip Code: 85204</p>	<p>4. Name, file number, and address of labor organization:</p> <p>Name: INTERNATIONAL UNION OF BROTHERHOODS OF AMERICA</p> <p>Labor Organization File Number: _____</p> <p>P.O. Box, Building and Room Number, if any: 1000 B. G. STOK</p> <p>Street: _____</p> <p>City: PHOENIX</p> <p>State: ARIZONA</p> <p>Zip Code: 85003</p>
<p>5. Position in labor organization: VIC. REPRESENTATIVE</p>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or other adult family or household head any of the following interests (except as specified in the instructions and both in the instructions):

<p>A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent:</p>	<p>7A. Nature of interest, transaction, or income:</p>
<p>6. Name and address of Employer (including trade name, if any):</p> <p>Name: TOUCHSTONE INDUSTRIES HOLDING</p> <p>Trade Name, if any: WELD DESIG</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: 500 S. RAYBURN BLVD</p> <p>City: BIRMINGHAM</p> <p>State: ALABAMA</p> <p>Zip Code: 35201</p>	<p>INTEREST FOR MY TRUCK AND CHEVROLET EQUIPMENT THAT I HAVE TO PERFORM FOR HIM</p>
<p>7B. Amount: 1750.00</p>	

18. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signature: *Martin Rosenberg*

Signed: *Martin Rosenberg* On: **1/5/04** Date: **4/10/00 9368** Telephone Number: _____

Name of Person Filing

MARIE C. RANDALL

File Number U-

2668

B. Hold an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name TOUCHSTONE TRUCKING

Trade Name, if any: LIGHT TRUCKING

P.O. Box, Bldg., Room No., if any

Street 500 S. BUENA VISTA ST

City BURBANK

State CALIF ZIP Code + 4 91501

9. Business deals with:

- a. Labor Organization
- b. Trust
- c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name TOUCHSTONE TRUCKING

Trade Name, if any: LIGHT TRUCKING

P.O. Box, Bldg., Room No., if any

Street 500 S. BUENA VISTA ST

City BURBANK

State CALIF ZIP Code + 4 91501

11.a. Nature of such dealing.

RECEIVED FROM TOUCHSTONE TRUCKING FOR MY TRUCKING EQUIPMENT TO THE PERMITS

11.b. Approximate dollar value of such dealing.

\$1500

12.a. Nature of interest held or income received.

INTEREST IN TRUCKING EQUIPMENT THAT IS PURCHASED FOR MY TRUCKING BUSINESS

12.b. Amount.

\$1500

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

RECEIVED FROM TOUCHSTONE TRUCKING FOR MY TRUCKING EQUIPMENT TO THE PERMITS

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.